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ABSTRACT

This conference paper discusses the highlights of a 3-year evaluation of an Illinois program designed to provide community-based supports and services for youth with emotional and behavioral disabilities. Five sites were funded and information was collected on 215 youth and their families. All sites received training and technical assistance on implementing a system of care approaches. Application of the wraparound process was a prioritized intervention at all sites. Results of the study indicate: (1) 29 percent of the families reported income of less than $10,000 and poverty was a risk factor for 23 percent of the families; (2) families reported not having enough money to meet basic needs such as a phone and clothing; (3) teacher rating of emotional/behavioral functioning was more closely related to restrictiveness of school placement and parent report of emotional/behavioral functioning seemed to drive out-of-home placements; (4) teachers and clinicians agreed with each other on the clinical functioning of youth more frequently than they agreed with parents; and (5) although youth were described as having significant emotional/behavioral needs and high rates of instability in learning environments at times of referral, improvements in functioning were noted by families, clinicians, and teachers. (Contains 10 references.) (CR)

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Education's Role in the System of Care: Student/Family Outcomes

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Introduction

Since July 1990, the Illinois State Board of Education (ISBE) has been redirecting educational dollars to develop enhanced community-based options and supports with the intent of improving student outcomes and reducing the placement of students with emotional and behavioral disabilities (EBD) outside of their homes and communities. In September 1991, six Phase I sites were funded by ISBE to develop community-based supports and services for youth with EBD and their families. In August 1993, five additional sites (Phase II) were funded and a statewide support component was reshaped to coordinate evaluation and technical assistance (TA) for this initiative. This summary provides highlights of the three-year evaluation of student/family outcomes in the Phase II projects. A brief discussion of system change indicators in project sites is included.

Methods

Evaluation data for students and families referred to Phase II projects were monitored from 1993 to 1996. The results reported here are based on information collected on 215 youth and their families from 5 sites across Illinois. All sites received training and technical assistance on implementing system of care approaches. Application of the wraparound process was a prioritized intervention at all sites.

Baseline information was collected at the time of entry to project and every year thereafter. The family information form, collected only at baseline, identifies demographic information, service utilization, and risk factors. A variety of statistical tests were run to examine both relationships between variables and changes over time. Descriptive statistics were used to provide basic information about the data. Relationships between variables were examined using correlational analyses, and cross-tabulation. Differences between groups were examined using, Independent t-tests, and cross-tabulation. Changes over time in individuals' clinical scores were analyzed using paired t-tests, and examining changes for groups of individuals in educational placement categories or out of home placement status were examined by using cross-tabulation. The instruments collected at baseline and every year thereafter are listed in Table 1.

[insert Table 1]

Results

Background Characteristics

Close to half of the youth lived in two-parent households at time of referral. The majority of youth were described by their families as having an emotional or behavioral disorder. Below grade level achievement was the youth risk factor most frequently reported by families. Divorce between parents, history of family alcoholism, and single parent families were the most frequently reported family risk factors. Poverty was the risk factor which correlated with the highest number of other risk factors reported by families. Table 2 provides additional background information on students and families referred to the projects.

[insert Table 2]

Highlights of Clinical and Educational Data

- Youth who scored within clinical ranges on the CAFAS also scored within the clinical range on the TRF externalizing domain at Time 1 (χ^2=4.55, p=.03) and Time 3 (χ^2=5.83, p=.02). This relationship was found between the TRF internalizing domain and the CAFAS at Time 1 (χ^2=3.83, p=.05).
- No significant agreement was found between the CBCL and either the CAFAS or TRF.
- There was improvement for youth whose needs fell within the CBCL internalizing domain between Time 1 and Time 2 (t=2.14, p=.04).
- There was an overall increase in emotional and behavioral functioning as measured by the CAFAS from Time 1 to Time 2 (t=1.70, p=.09).
- There was no significant relationship between restrictiveness of educational placement and overall clinical functioning as measured by the combined CAFAS, CBCL, or TRF at time of referral.
- Youth who scored within the clinical range on the TRF internalizing domain of were more likely to be placed in more restrictive educational placements than youth who did not rate within clinical ranges (χ^2=20.08, p=.01).
- Youth who scored within clinical ranges on the TRF internalizing domain were significantly more likely to have needs requiring behavioral intervention

beyond the normal classroom routine than youth whose did not score within clinical ranges *(t=-2.04, p=.05)*.

- Youth who scored within clinical ranges on the TRF externalizing domain were significantly less likely to complete homework on time *(χ^2=13.20, p=.00)*, engage in socially appropriate behavior in unsupervised settings, *(χ^2=14.61, p=.00)*, engage in appropriate classroom behavior with adults *(χ^2=8.21, p=.02)*, and work to their ability *(χ^2=3.51, p=.06)*. These youth needed significantly more academic assistance *(χ^2=8.09, p=.04)*, and behavioral intervention *(χ^2=16.39, p=.00)* beyond the normal classroom routine.
- There was a significant decrease for the need of extra academic assistance which interfered with classroom instruction from Time 1 to Time 2 *(t=2.19, p=.05)*.

Educational Placement Changes

The majority of the youth either maintained their current educational placement or moved to less restrictive settings, as summarized in Table 3. Although 33% of the youth moved to more restrictive educational settings, 16 of the 27 students moved up only one level of restrictiveness and maintained placement in their home school. Table 4 summarizes placement changes for youth that moved to more restrictive educational settings

[insert Tables 3 and 4]

Out-of-Home Placements

- Thirty-nine percent of the youth had experienced an out-of-home placement at some time in their life *(n=203)*.
- At Time 1, youth who scored within the clinical range on the CBCL externalizing domain were more likely to have experienced an out-of-home placement *(χ^2=7.89, p=.01)*. There was a similar relationship that approached significance between clinical scores on the CAFAS and out-of-home placements at Time 2 *(χ^2= 3.10, p=.08)*.

- The majority of youth served by the EBD Initiatives maintained placement in their parents home (χ^2=9.50, p=.00).
- The average number of days spent in a psychiatric facility were significantly reduced from one year prior to services to one year after receiving services, (t=2.96, p=.00).

Family Functioning

- There was a significant increase in adaptability from Time 1 to Time 2 as measured by the Family Adaptability and Cohesiveness Scales (FACES II; t=-14.67, p=.00).
- Family members felt an increased ability to express opinions from Time 1 to Time 2 (t=-2.25, p=.03).

Evaluating System Changes

The most visible system change indicators observed throughout project sites was in the areas of role changes for personnel and resource development. An expanded number of school district personnel began incorporating new roles into current job descriptions. These new roles included facilitating wraparound plans, partnering with other agencies in implementing service options, and direct support for families. Several sites have used the knowledge and interagency partnerships which evolved through the projects as the impetus for grants, co-funding of new positions, increased access of flex funds, and redirection of resources toward restructured school and community-based options.

Discussion

An examination of the needs of families from the Phase II sites showed that poverty and having enough income to meet basic needs continues to be an issue for a large percentage of the families served by the EBD Initiatives. For example, 29% of the families served by Phase II projects reported income of less than $10,000, and poverty was a risk factor for 23% of the families. Families also reported not having enough money to meet basic needs (26%), for a phone (23%), and clothing (22%). Further investigation could address the impact of a child with EBD on the socio-economic condition of the family.

Data suggests that teacher rating of emotional/behavioral functioning is more closely related to restrictiveness of school placement and parent report of emotional/behavioral functioning seems to drive out-of-home placements. The highly significant relationship between parent report of emotional/behavioral functioning and out-of-home placements suggests that the parent perspective is critical in determining the focus of services and supports needed to effectively support youth in community-based settings. Similarly, the relationship of teacher ratings to restrictive school placements suggests that classroom teacher needs should be addressed specifically when developing service networks to effectively support students with EBD in school settings. And the fact that students with significant EBD are found across all educational settings, including regular education classrooms, has implications for expanding supports, training, and technical assistance across all school settings.

As reported previously, teachers and clinicians agree with each other on the clinical functioning of youth more frequently than they agree with parents. The lack of agreement between parents and teachers is particularly interesting given the fact that the TRF and the CBCL are companion instruments and there is a high degree of consistency among the items. It may be that teachers and clinicians may tend to see the same behaviors in youth more often in the school setting (especially if the clinician is school based) or that parents and teachers have different opportunities to observe certain behaviors in youth. This finding is interesting when coupled with the findings that suggest that teachers' ratings of behavior predict educational placement, whereas parent's ratings of clinical behavior predict out of home placements. This raises questions about type and frequency of communication among teachers, clinicians, and parents. Additionally, this may have implications for allocation of resources that support parent and teacher reported needs.

Although youth were described as having significant emotional/behavioral needs and high rates of instability in living environments at time of referral, improvements in emotional and behavioral functioning were noted by families, clinicians, and teachers at Time 2 and 3. The fact that these improvements were

captured in one year is interesting in light of recent findings from the Greenbaum, P.E., Dedrick, R.F., Freidman, R.M., Kutash, K., Brown, E.C., Lardieri, S.P., and Pugh, A.M., (1996) who observed positive changes in clinical functioning after a seven-year period, and these changes were not found after one year.

Although there continues to be no significant relationship to overall clinical functioning and restrictiveness of educational placement at time of referral, there is a relationship between clinical functioning and changes in educational placement. Students with higher clinical functioning moved to more restrictive educational placements at Time 2. This finding was not evident in the 1994-95 sample. It should be noted that the majority of the students who moved to more restrictive educational placements maintained placement in their current school but began receiving a higher level of special education services (i.e. consultation, resource, or self-contained). Further investigation could explore if these changes indicate more appropriate matching of needs and services with students with EBD.

The role changes for school staff reported in Project sites suggests functions needed to continue implementation of system of care approaches. School personnel incorporating wraparound facilitation into their existing role indicates different types of meetings taking place in school settings. Although specific family support activities were documented in most project sites, the progress reports from sites suggest lower outcomes in this area than they had projected. The need for expanded partnerships among families, schools, and community networks has been identified.

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Table 1

Instruments Collected at Baseline and Every Year Thereafter
Restrictiveness of Living Environment Scale (Fabry, Hawkins, Luster & Alameda, 1990)
Child Behavior Checklist (Achenbach, 1991a)
Teacher Report Form (Achenbach, 1991b)
Family Adaptiveness and Cohesiveness Scale (Olson, 1991)
Child and Adolescent Functioning Assessment Scale (Hodges, Bickman & Kurtz, 1991)
Educational Information Form

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Table 2
Background Characteristics & Risk Factors

Living Arrangements (n=215)	**Percent in Placement**
Two-parent household	46.0
One-parent household	40.5
Relative	9.3
Other living arrangement	1.5
Residential school	0.9
Regular foster care	0.5
Disabilities	**Percent with Reported Disability**
Emotional/behavioral disability	86.4
Learning disability	38.8
Psychiatric Hospitalization (n=34)	**Percent Placed in Hosptial**
Placed during past year	17.1
Placed at any time	32.4
Residential Placement (n=214)	**Percent Placed in Residential**
Placed during past year	16.4
Placed at any time	19.6
Risk Factor - Family	**Percent Reported**
Divorce between natural parents	49
History of family alcoholism	45
Single parent family	45
Negative Peer Influences	45
Risk Factor - Youth	**Percent Reported**
Below grade level achievement	64
Dangerousness to others	34
Frequent suspensions/expulsions	31

Table 3
Maintenance of Educational Placement or Move to Less Restrictive Placement

Students Who Maintained Educational Placement	
Educational Placement	**Number of Students**
Regular Education 100% of day	1
Regular Education with Consultation	3
Special Education less that 50% of the day	4
Special Education 50-100% of the day	29
Special Public School	4
Private Day School	1

Students Who Moved to Less Restrictive Settings	
Educational Placement	**Number of Students**
Special Education 50-100% of day to Special Education less than 50% of day	3
Private Day School to Special Education 50-100% of day	4
Home-based Instruction to Private Day School	1

Students Who Moved to More Restrictive Educational Settings	
Educational Setting	**Number of Students**
Regular Education 100% to Regular Education with Consultation	1
Regular Education 100% to Special Education less than 50%	3
Regular Education with Consultation to Special Ed. less than 50%	1
Regular Education with Consultation to Special Education 50-100%	3
Special Education less than 50% of day to Special Ed. 50-100%	8
Special Education 50-100% of day to Special Public School	1
Special Education 50-100% of day to Private Day School	1
Special Education 50-100% of day to Residential School	2
Special Education 50-100% of day to Home-based Instruction	3
Special Education 50-100% of day to Hospital-based Instruction	2
Special Education 50-100% of day to Department of Corrections	1

Table 4
Move to More Restrictive Educational Settings

Educational Setting	Number of Students
Regular Education 100% to Regular Education with Consultation	1
Regular Education 100% to Special Education less than 50%	3
Regular Education with Consultation to Special Ed. less than 50%	1
Regular Education with Consultation to Special Education 50-100%	3
Special Education less than 50% of day to Special Ed. 50-100%	8
Special Education 50-100% of day to Special Public School	1
Special Education 50-100% of day to Private Day School	1
Special Education 50-100% of day to Residential School	2
Special Education 50-100% of day to Home-based Instruction	3
Special Education 50-100% of day to Hospital-based Instruction	2
Special Education 50-100% of day to Department of Corrections	1